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CONTENTS.

Original Communications—

- On the Pathology of Pulmonary Tuberculosis, by S. R. Millard, M. D. 273

Clinical Reports—

- Gastritis. From the Service of Prof. N. S. Davis, in Medical Wards of Mercy Hospital. Reported by Wm. H. B. 276

Domestic Correspondence—

- Prof. Liebig's Soluble Food in the Treatment of Diseases of the Digestive Organs. A. H. Salisbury, M. D. 278

Editorial—

- Malarious Influence; Credit to whom Credit is due; Obituary 279

Society Reports—

- Chicago Medical Society 280

Gleanings from Our Exchanges—

- Oil of Turpentine in Hemorrhage from the Bowels. 281
Case of Excessive Hypodermic use of Morphia; University of Zurich 282
Pharyngitis and Rhinoscopy; Hydrochlorate of Ammonia; Foreign Appointments and Changes; Aphonia; Good Effects of Aconite in Acute Pneumonia 283
Cyanosis from Nitrate of Silver removed by Iodide of Potassium; Ammonia in Suspended Animation; Grafting with Rabbit Skin 284
Influence of Rheumatism on Character; Epidemic of Jaundice; The Work done by a Human Heart; Means of Arresting Epistaxis; New York Physicians 285
Cure of Strangulated Hernia by Aspiration; American Medical Association; The Census; Examination of Midwives; Opium Eating; Cotton Seed Oil; Legalized Dissections 286
Prescriptions for Prescribers 287
Vienna Obstetrical Hospital; Death from Ether 288

- Book Reviews 288

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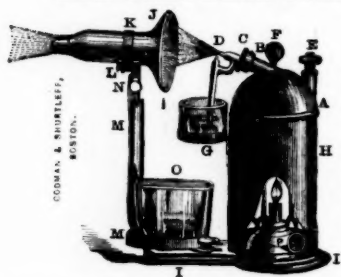


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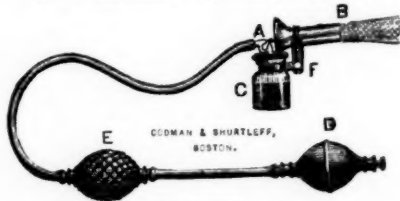
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SESSIONS OF 1872-73.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1872-73 will commence on Wednesday, September 18, 1872, and continue until the opening of the Regular Session. During this term, instruction consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will commence on Wednesday, October 16th, 1872, and end about the 1st of March, 1873.

FACULTY.

ISAAC E. TAYLOR, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children, and Pres't of the College.
JAMES E. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Diseases of Women.

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WM. T. LUSK, M. D., Prof. of Obstetrics, Diseases of Women, Diseases of Infancy and Clinical Midwifery.

WM. A. HAMMOND, M. D., Professor of Materia Medica and Therapeutics, Diseases of the Mind and Nervous System and Clinical Medicine.

AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D., Prof. of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D., Surgeon to the Charity Hospital, etc.; Professor of Ophthalmology.

EDWARD L. KEYES, M. D., Surgeon to the Charity Hospital, etc.; Professor of Dermatology, and Assistant to the Chair of Principles of Surgery, etc.

EDWARD G. JANEWAY, M. D., Physician to Bellevue Hospital, etc.; Professor of Pathological and Practical Anatomy. (Demonstrator.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital and the great Charity Hospital on Blackwell's Island.

The Summer Session will consist of two Recitation Terms; the first from March 15th to July 1st, and the second, from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the Regular Faculty. Regular clinics will also be held daily.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures...	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter)...	\$5 00
Recitations and Clinics	35 00
Dissecting (Ticket good for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

Chicago Medical College.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the second Tuesday in March following. Clinical Lectures *daily* throughout the term.

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Professors of Obstetrics and Diseases of Women and Children.
- EDMUND ANDREWS, M.D., SEC'Y OF FACULTY,
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- J. S. JEWELL, M.D.,
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- THOMAS BEVAN, M.D.,
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- N. GRAY BARTLETT, Ph. D.,
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- THOMAS S. BOND, M.D.,
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FEES:

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Dissecting Ticket.....	5 00
Hospital Tickets.....	\$5 00 to 6 00

The Summer Reading and Clinical Term commences on the first Monday in April, and continues until the first Monday in July, and is free to all matriculated students of the College. Boarding, \$3.50 to \$4.50 per week. For further information, address

E. ANDREWS, M.D., Sec'y of the Faculty.

IOWA STATE UNIVERSITY

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IOWA CITY, IOWA.

SESSION OF 1872-73.

PRELIMINARY TERM will commence October 9th, and continue until the opening of the regular term.

THE REGULAR SESSION will commence October 23d, 1872, and continue until the first Wednesday of March, 1873.

FACULTY.

- GEORGE THACHER, D.D., *President.*
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- W. D. MIDDLETON, M.D., Davenport, Professor of Physiology and Microscopic Anatomy.
- E. F. CLAPP, M.D., Washington, Professor of Anatomy.
- E. H. HAZEN, A.M., M.D., Davenport, Lecturer on Diseases of Eye and Ear.
- MARK RANNEY, A.M., M.D., Mount Pleasant, Lecturer on Insanity.
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CLINTON, IOWA.

Original Communications.**ON THE PATHOLOGY OF PULMONARY TUBERCULOSIS.**

[Read before the Chicago Medical Society September 16, 1872, by S. R. MILLARD, M. D.]

GENTLEMEN: It is with the deepest feelings of my own inability to handle, as well as a just appreciation of the magnitude of, the subject, that I approach the so-much-avoided yet familiar disease of pulmonary tuberculosis, knowing as I do that in a dissertation of the present character an attempt to describe its true pathology and philosophical treatment must of necessity be brief and imperfect. It is a fact that we daily walk amid scenes of a sublime and mysterious nature, without our souls being moved by their influences, or our minds awakened to their investigation. We find in this the reason. We have been accustomed to them from childhood, and that which is always seen is seldom or never studied. It is so with pulmonary tuberculosis. It has entered, and still enters, the abode of the physician, steals away his child, his brother, or his sister, his father, mother, companion, and even himself has fallen a victim to its insidious and flattering visitations. Notwithstanding all this, the man of science is too apt to turn away from it, as from the messenger of death. Too frequently all his bulwarks of defence resolve themselves into this soliloquy—there is a destiny which controls our ends. There was but little known of the disease until Laennec, in 1810, published his invaluable work on tubercular phthisis, and drew a line of demarcation between tubercular and other diseases of the lungs.

Since that time there have been many valuable accessions to our knowledge in this department. But within the last few years have been made the principal improvements in pathological and scientific treatment.

The researches and observations of J. Hughes Bennett, of Edinburgh, are justly considered as constituting an important era in the treatment of this victorious enemy over human life. It is not our intention, at

the present time, to enter into a detailed account of the symptoms, course, and minute treatment of this disease, neither to advance new views of its general pathology and treatment, but to sum up the evidence touching its nature and predisposing condition of system, and draw from these the philosophical treatment. In doing so, if we should deviate from high authority and prevalent professional opinions, we only say, "Hear me for my cause."

It is with a feeling of disappointment that the student of medicine reads the text-books on the practice of medicine, and finds that while the symptoms and course of the disease are so accurately described, that so little is said of the peculiarity of system which constitutes the predisposition. Its pathology and treatment are mentioned, but generally accompanied by an acknowledgment of ignorance of the one, and almost worthlessness of the other. It is by understanding, or striving to understand, what is the peculiarity of system which predisposes to tuberculosis, that we may expect to accomplish the much-desired ultimatum of curing, or, what is better, preventing pulmonary phthisis. So far as we know, there are but three—or, more properly, but two—theories advanced which endeavor to explain what the peculiarity of system is in those predisposed. The first is that originally advanced by the German physicians, and subsequently endorsed by others, among whom may be mentioned the high authority of Sir James Clark. By these it was taught that the predisposing cause, or condition of system which constituted the diathesis, was portal congestion.

The second is that of J. Hughes Bennett, of Edinburgh, who believes that the diathesis consists in a want of proper assimilation of the oily portions of food. In his own language, "It is a disease of primary digestion."

The third is that first suggested by Professor Rokitsky, of Vienna, and favorably spoken of by Simon and others. By these it was observed that in this disease there was too rapid arterialization of the blood, and that a venous condition of this fluid appeared to be incompatible with the development of

tubercle. Although it is not claimed by the observers of the above fact that the too rapid oxygenization of the blood is the peculiar condition of system which constitutes the diathesis, yet we have been convinced that in this was to be found the peculiarity. The symptoms, pathological changes, and most successful treatment, all point to this as being the distinguishing trait between the strumous system and that of one free from such disposition. Then, as a standing point for a further consideration of the subject, we take the position that the too rapid inhibition of oxygen into the blood, and the consumption or rapid elimination of carbon from the blood, is the starting point of the disease; that this is the agent at work in the human system making tubercles; that this affinity for oxygen and consequent consumption of carbon causes the type of development, impressed upon the system, which constitutes the diathesis, habit, or predisposition to tuberculosis.

We shall not here stop to inquire what are the original anatomical or perceptible differences between such a system and one healthy, but shall be content in summing up the facts which go to prove that such affinities do really exist.

The most eminent pathologists have taught that some hereditary peculiarity distinguished the subjects of phthisis. Indeed, it is said to be pre-eminently hereditary, there being a type of cell-growth given to the offspring by the parent, in accordance with which it is developed; and, as Simon says, it is an imperfect pattern of development. This we can readily understand, in a physiological point of view, in the transmission of family likeness and peculiarity. We know that there is a difference between the cell-growth of man and other animals, and between the different races of man, and also between the different genera and species of animals. We are not surprised to see animals breed after their kind, and even to retain the exact impress of the species and stock of their ancestry. We furthermore expect that they will not only be born, but develop in accordance with this law. In those instances the development is

physiological. In the case of those predisposed to this disease, the development—in proportion as the habit prevails—is pathological. Pathological action has always offered more obstacles to the inquirer than physiological. In the subjects of this disease, it would appear that the progeny, the germs of which are first formed in the parents, are developed in accordance with a certain pathological impress given to the first cells.

Simons uses the following language in regard to this hereditary transmission of the disease: "I do not mean that, in the process of impregnation, actual tubercular matter passes from the system of the scrofulous father into the germ of the infant, to remain latent there till circumstances call for its development, nor that, during uterine life, the blood of the child is poisoned by its mother's blood, as occurs in small-pox or syphilis. What I mean is this, that the scrofulous diathesis, that the disposition to form tubercles, is transmitted."

Now, as this tuberculous matter is formed out of the blood, it of necessity follows that it is the result of a change wrought upon that fluid either in the process of digestion and assimilation in the glands of excretion and secretion, or produced by the act of respiration. For the further investigation of these blood changes, it would be important to know what conditions of system favored, and what opposed, such dispositions. We find that there are certain diseases which are incompatible with tuberculosis, among which we will mention that of cancer.

In cancer the oily globules of the blood are in excess, while fibrine is proportionately deficient. There is too much respiratory or carbonaceous material which the system makes no use of, and eventually this kind of cells become so abundant that an artificial excretion is established to relieve the system of this plethora. The patient dies, devoured by parasites in the shape of carboniferous cancer cells, which are continually forming within, and carrying without the body its nutritive material.

We would remark in this connection, that the observation of authors lead us to impor-

tant truths with regard to the liability of animals to this disease. Commencing with man, it is found that as we descend in the scale to the torpid animals and reptiles, in which a venous state of the blood is prominent, and their consumption of oxygen scant, that the liability to tuberculosis diminishes in the same ratio of descent.

Ague is another disease with which it is rarely associated. There is a marked contrast between the sallow skin and sclerotica of the one, and the fair or natural skin and the bright blue eye of the other; between the mental torpidity and clouds of the one, and the keen, active, unclouded mental perceptions of the other. Ague deranges the liver by overtaxing it, or forcing into it blood containing an excess of carbon, while phthisis is attended by defective bilious secretion because of the blood's poverty in carbon. Bile is carbonaceous, and the liver is strictly an eliminator of carbon. One disease is characterized by its excess, the other by its deficiency.

As we before stated, Rokitsansky, whose opinions were derived from actual observation, attached great importance to increased venosity of blood. Under the head of antagonistic conditions to the formation of tubercle, says Simon, he includes every influence which interposes, directly or indirectly, with oxygenization of the blood, either by diminishing the capacity of the chest, or hindering the expansion of the lungs, or by deranging the pulmonary circulation of the blood, or by impeding the free access thereto; for example, a case of spinal deformity, narrowing the chest; a case of abdominal tumor, encroaching upward and causing dyspepsia; a case of cyanosis, maintaining deficient aeration of the blood; these would be cases in which, according to this observer of hundreds of thousands, the tubercular deposit would not be formed.

Among the incompatible diseases is one directly applicable to the point—cyanosis. Chronic venosity of the blood, as it occurs in dependence on congenital malformation of the heart, is called cyanosis; and the blueness of surface from which this class of cases derives

its name, depends on the insufficient exhalation of carbonic acid. The heart, owing to its mechanical imperfections, cannot circulate the blood rapidly enough, cannot expose it often enough to the air. Thus the carbonic acid accumulates, and maintains the blood in a venous condition, while at the same time the mal-formed organ, by delaying the systemic circulation, and causing great congestion of the carbonated blood in the general capillary system, renders the unhealthy tint of the blood more apparent to the eye than it would be in any simple case of poisoning by carbonic acid. If the subjects of such diseases delay to die, as sometimes they do, for years, they vegetate with a general torpor and feebleness of vitality, with an incapacity for muscular or even mental exertion, with an extreme susceptibility of fatigue, and with a defective resistance to cold, which sufficiently mark the morbid chemistry of their blood.

There is one signal peculiarity which attends this chronic venous condition of the blood, and not only in extreme cases of cyanosis, but in all chronic diseases where, from any cause whatever, there is defective arterialization of the blood—the patient enjoys one privilege. He is exempt, perhaps not absolutely, but at least all but absolutely, from tubercular disease.

The foregoing conditions of the system in disease, and the exemption which they afford the patient from tuberculosis, are cited as negative proof that the disease depends on the too rapid oxygenization of the blood. We sum up the following as affirmative:

Oxygen is said to be the vivifier, or nature's own stimulant to the system, while carbon is the stupefier, or nature's anodyne to prevent undue excitement. If we breathe carbonic acid we die of asphyxia, or a want of this stimulus. If we breathe oxygen we live too fast, and die soon. Strumous subjects have all the signs of living fast; they are proverbial for precocious minds, and clear, keen perceptions. A quick pulse and excitable nervous system mark the tuberculous, while he whose system is full of carbon is dull, cloudy, and sluggish, both in body and mind.

Oxygen is the special agent in the production of fibrine. There is excess of fibrine in this disease. Carbon is the companion of the oily principle in the blood, hence the deficiency of respiratory material. Upon this assumption, and this alone, can we explain the preference which the tuberculous deposit manifests for the lungs and glandular system. In the lungs the blood undergoes the great change of absorbing oxygen and eliminating carbonic acid, and here we find the favorite seat for this deposit. It is not improbable that the tuberculous matter is precipitated immediately from the blood by the action of oxygen upon its salts and fibrine. The best pathologists consider tubercle altered fibrine. The oxygen enters the lungs, consumes all the respiratory material presented to it by the blood; then having a surplus, the remainder acts upon the fibrine and other constituents of the blood, producing a precipitate, consisting of these matters deprived of vitality by oxygen. This, in its simplest form, is the cacoplastic deposit, known as gray tubercle, which contains considerable animal matter. The calcareous change, or degeneration of tubercle, results from a constant effort to cure the disease by nature, which absorbs the animal portions of the deposit. The source of fat in tubercle is evidently the albuminous compounds, which, like muscle, fibrinous exudations, and blood, may be transformed into oily granules by a chemical process not yet actually determined. The same may be said of fatty degeneration of the liver and other glands which are so frequently observed in phthisical subjects. It would appear that the condition of the system in which fat accumulates in the blood is directly antagonistic to that in which fatty degeneration of its glands takes place. To promote the transformation or absorption of tubercle we must support the strength by nourishing diet, supply respiratory material to the blood, and promote, as far as possible, a free and healthy circulation of the blood in the lungs. Cod-liver oil and iron justly hold a prominent position.

The foregoing is a brief summary of our views as to the general pathology of phthisis.

Clinical Reports.

[From the service of Prof. N. S. DAVIS in medical wards of Mercy Hospital.]

GASTRITIS.

FROM NOTES BY WM. H. B.

Gentlemen: This man I have not seen before, and you have heard his statement to the effect that he came to this country a little more than a year ago, when he went to work in the hay and harvest field, laboring harder than he was used to. He states that during the harvest he drank excessively of milk and water. About last Christmas he felt a burning, disagreeable pain in his stomach, and had attacks of vomiting soon after eating. Though he dates this uncomfortable feeling about Christmas, I presume, had he have paid particular attention, he would have noticed it in September.

In the morning, when his stomach is empty, he feels very well, and feels as though he could eat a good large breakfast; but almost as soon as he gets his food down, he recognizes the old pain, and after two or three hours it is generally thrown off. Now mark this particular symptom. The food is soon thrown off, and the pain is of a burning, heating character. When I asked him what he vomited, he said if he vomited soon after his food was taken into the stomach, he vomited but his food, which is very sour; but when it is retained for some time, there is much more thick mucus. Gentlemen, we could easily diagnose this case as that of indigestion; but this would not benefit us much unless we know the exact state of the stomach which causes the failure in digestion.

The simple failure of the stomach to digest the food may arise from either deficient secretion of gastric juice, some grade of inflammation affecting the mucous membrane, or from cancerous disease.

The first class of cases consists of a want of the peristaltic motion, and insufficient secretion of the gastric juice.

Now if this were the case with this patient,

after taking food he would feel a heavy weight in his stomach, with frequent belching of wind or gases.

Patients of this class seldom have vomiting, the bowels remaining torpid, the food lies like a load for two or three hours, undergoing more or less fermentation, when it is worked off, and the patient again feels quite comfortable. This is the most frequent class you will be likely to meet with. A history of this man shows you that it does not belong to this category, as there is a soreness on pressure over the stomach, and a burning pain, with vomiting.

In the second class, where there is an inflammation of the follicles, there is a sense of uneasiness felt before the meal is fairly finished, frequently obliging the patient to get up from the table and go out to vomit.

When the inflammation affects the mucous membrane, generally in a low chronic form, it does not allow the gastric juice to be secreted, but it causes the formation of an excess of mucus, generally of an extremely acid character. Consequently food not only produces immediate distress, which grows worse and worse until vomiting is induced, but the matters vomited are sour, and often acrid.

There is one class belonging to this category which will give you a different train of symptoms, and that is when the follicles are exclusively involved. In such cases the patient is apt to vomit within thirty or forty minutes after having taken food; but you will not find an atom of food in the matters vomited, that which is thrown up being, in some cases, a thin watery mucus, and, in others, as much as a teacupful of thick, ropy mucus. Now, in such cases, both mucus and gastric juice are secreted in such large quantities that it hurries the solution and discharge of the food from the stomach into the intestines. In these cases the patient does not feel much uneasiness until time enough has elapsed for the food taken to have become dissolved and passed out of the stomach; but the gastric secretions continuing their accumulation, soon occasion sufficient distress to induce vomiting, when these

secretions alone are ejected, sometimes sharply acid, at others tasteless.

Some of this class of patients vomit a quantity of the gastric secretion every morning before taking food. Such cases are often called pyrosis, or waterbrash. The distress accompanying such cases is more a gnawing or craving than pain.

From these general remarks you will recognize the case before you as that of a diffusive inflammation, affecting both the follicles and mucous membrane of the stomach.

Before we decide positively, however, on the diagnosis of this case, we should allude briefly to the diagnostic symptoms of cancer of the stomach. The fact is, cancerous disease rarely causes such smarting and burning pain as chronic inflammation. The favorite seat of cancer is at the pyloric orifice of the stomach, and the food is retained for an hour or more before the most severe pain is experienced. There is another difference—the cancerous patient seldom vomits more than a small portion of his food, it being usually digested and absorbed in part, leaving but little to be ejected with the ropy mucus that is generally vomited in from one to two hours after taking food. When cancerous disease of the stomach has existed for several months, the patient will often go from six days to two weeks without a passage from the bowels, and still the abdomen will be lank and empty.

Now, gentlemen, when you find a patient past middle life, free from fever, vomiting mostly mucus an hour or more after eating; bowels never moving except by medicine, yet the abdomen lank and empty; with gradual emaciation; you may be quite sure you have cancer of the pylorus.

In chronic inflammation the bowels are generally distended with gases. There is also another item which will help you out in your diagnosis. In cancer the disease comes on slower, and the patient cannot tell you positively when he first began to feel unwell; whereas in chronic inflammation the patient will tell you pretty promptly when his gastric troubles commenced.

If it be true that the patient before you has

a low grade of chronic inflammation of the mucous membrane of the stomach, the longer he continues to dose himself with active physic, under the popular notion that he is bilious, the worse he will get. The principle of treatment should be to give only the most bland and simple articles of nourishment, and such medicines as are calculated to allay the morbid sensitiveness of the inflamed surface. One of the best items of nourishment is a mixture of three parts of sweet milk and one of lime-water. At first it should be given in doses of one or two tablespoonfuls, and repeated every hour. The lime-water neutralizes the excess of acid in the secretions of the stomach, and aids in preventing the coagulation of the casein of the milk until it is absorbed. Once or twice a day a small quantity of thin porridge, made of milk and wheat flour, may be given in addition to the other. Also, occasionally a tablespoonful of animal broth may be allowed. For medicine we will give him, for the first three or four days, the following prescription :

R Sub. nit. bismuth,	40 grs.
Pulv. ipecac,	4 grs.
Hydrg. chlorid. mite,	4 grs.
Pulv. Doveri,	20 grs.

Mix, divide into eight powders, and take one before each meal-time, and at bed-time.

After three or four days the powder may be superseded by a pill containing one grain of extract of hyoscyamus and one-third of a grain of nitrate of silver. In some cases a pill composed of one grain each of extract of hyoscyamus and sulphate of iron, taken just before each meal, produces a very beneficial effect. But no kind of medication will succeed in these cases without the most rigid care in relation to the food and drinks.

Domestic Correspondence.

PROF. LIEBIG'S SOLUBLE FOOD IN THE TREATMENT OF DISEASES OF THE DIGESTIVE ORGANS.

I wish to call the attention of the profession to an article of food, the merits of which

I believe are not generally known. I have had (and what practitioner has not) a number of cases of gastric and intestinal disturbance which seemed to resist all forms of treatment.

My little patients from three months to two years old were unable to digest food of the most simple kind.

Milk, arrowroot, and all forms of starch, beef tea, animal broths prepared in the most careful manner, were alike rejected by the stomach, or passed the bowels undigested.

The thin mucus discharges, sometimes mingled with blood, were very frequent, and, in some cases, attended by tenesmus.

Drugs were of little use. Opium, astringents, bismuth, chalk, pepsin, mercury, were equally useless.

Meanwhile the little sufferers were rapidly wasting away, actually starving to death for want of some food which the diseased organs could assimilate.

With but little faith I at last ordered "Liebig's Soluble Food." Under this treatment the first child began to improve without medicine of any kind. I gave it to the others. They all improved.

A brother practitioner pronounced the food *sorghum molasses*, but nevertheless gave it a trial. His patients improved. In every case the irritability of the stomach ceased, and the discharges became less frequent and more natural.

The result is that thus far we have not lost a case of this kind, though of several we had no hope. The children relish it, in fact cry for it while they refuse all other food.

It is recommended to be prepared with equal parts of skimmed milk and water. I have found it better, in these cases, to use water alone.

The article in question is prepared from Prof. Liebig's prescription by J. Paul Lerhe, of Dresden. If the experience of others is the same as mine, the great chemist has supplied a want long felt, in giving us this preparation.

A. H. SALISBURY, M. D.

Mazomanie, Wis.

THE
MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, September 15th, 1872.

EDITORIAL.

MALARIOUS INFLUENCE.—We hear from almost all directions that intermittent and remittent fevers are more prevalent this season than usual. Not only is this true in reference to the greater part of Illinois, Indiana, Michigan, and Iowa, but also of the southern part of Wisconsin.

A short time since we were informed by an active practitioner in Janesville, that these fevers were more prevalent in some parts of that city than for seventeen years previously.

This unusual prevalence of ague is not limited to the Western States, however. In New York and Brooklyn, and their suburbs, we are told the same unusual prevalence of malarial diseases exists.

In some of the southern townships of this (Cook) county, sickness of this character has been so prevalent as to leave hardly well persons enough to take care of the sick. In this city we have had but little pure and simple intermittent fever, but almost all cases have presented a mixed or typhomalarial character. The same influence has doubtless added much both to the prevalence and mortality of the bowel complaints of children. The leading cause of this widespread and unusual prevalence of malaria is supposed to be the small amount of *rainfall* during the present and past summer, and the consequent greater evaporation from the subsoil.

CREDIT TO WHOM CREDIT IS DUE.—A brief report on the prevalence of cerebro-spinal disease in Chicago, which was read to the Chicago Medical Society, and originally published in the MEDICAL EXAMINER, is copied

into the September number of the *Journal of Materia Medica*, and credited to the *Kansas City Medical Journal* for June, 1872.

THE subjoined obituary is translated from *El Nacional*, a paper in Quito, South America, and commemorates the death of Dr. Casares, Professor of Surgery in the University of Quito. Professor Casares was the author of one of the letters on Cundurango published in the EXAMINER. He was a man of immense energy, and commanded unbounded admiration and esteem in the city of Quito.

E. ANDREWS, M. D.

OBITUARY.

Died, in Quito, on Sunday, July 28, 1872, after a protracted illness, of typhoid fever, Dr. Camilo Casares, in the 42d year of his age.

And thus suddenly, in the flower of his days, has passed from earth one who had already won an eminent reputation in his chosen profession, and whose future promised fair for science and surgery.

As a gentleman, he was always courteous and winning in his deportment. As a man, he was honorable, generous, tender-hearted, and dear to his friends. As a physician, he had but few superiors, and he stood pre-eminent as a surgeon. Laborious and faithful, he added to these virtues rare talent and a remarkable scientific intuition. He leaves vacant a place that cannot well be filled.

The indigent poor of Quito will not soon find another heart more gentle, or more generous to their sufferings. The circle of his profession will long remember his skillful aptitude and ready knowledge. His friends (and they were legion) will never forget the winning affability and genial brightness of his presence. To his family such a blow is irreparable. And his country has lost in him one of the noblest and most enlightened of her children. It will be difficult indeed to fill the position which he occupied with such signal skill in the University of Quito.

Talented, popular, and hopeful, it is one of

Heaven's strange mysteries that such a man should fall in the very tide of his usefulness, and the very May-day of his manhood.

Rest on, good friend. Sleep tranquilly, stout heart. Life's work was well and bravely done, and thou hast gone to thy reward.

A FRIEND.

Society Reports.

CHICAGO MEDICAL SOCIETY.

Chicago, *Sept.* 2, 1872.

Regular meeting—President Paoli in the chair.

The minutes of the previous meeting were read and approved.

Dr. S. R. Millard reported a case of malignant scarlatina following child-birth, of which the following is an outline:

A lady, aged 27, was delivered of a healthy child, after natural labor, on February 1, 1871. Nothing unusual occurred before the third day after delivery; but at that time the patient vomited once or twice, though her condition was by no means such as would excite apprehension. The following morning she complained of severe headache, but careful examination failed to reveal any other probable cause than an inactive state of the bowels. The tongue was slightly coated, the lochia natural, the pulse 90, respiration natural, and the abdomen neither tumid nor tender. The pulse did not exceed 90 in frequency at any time during the course of the disorder, and was generally below 80. On the morning of the fifth day after delivery the patient said she had rested well during the previous night, and complained of only a very slight headache. The pulse was 80 and rather soft. At 2 o'clock p. m. the pulse was very feeble and intermittent, and there was observed a slight discoloration on the arm and a scarlet rash on the breast. At this juncture ammonia, brandy, and quinine were freely administered, but the patient sank rapidly, and died at 7 p. m.

It was learned, after the diagnosis of scarlatina had been made, that the family which

had occupied the house six months before the confinement of the lady, had had the disease, and that the same furniture, bedding, etc., had been used by her, nearly up to the time of confinement, as had been used by the previous occupants of the house. This is the only possible source of contagion of which anything can be learned.

In remarks on the case Dr. Quine stated that he did not think there were present a sufficient number of the ordinary phenomena of scarlet fever to establish beyond doubt the diagnosis. The pulse and temperature described were by no means such as are ordinarily met with in the disease, and the entire absence of local complications would throw additional doubt on its existence. The patient was not known to be in an alarming condition until the fifth day after delivery, when an eruption appeared, and simultaneously the circulation became greatly depressed. He inquired if this was usually the case in scarlatina, and stated as his opinion that the condition of the circulation generally improved in that disease immediately upon the appearance of the eruption. It was, moreover, reasonable to suppose that poison which had been in the system during a period of over six months without apparent detriment would have caused to be developed a certain degree of tolerance; at least would not manifest such violent action as to destroy life in four or five hours after the appearance of the first symptom that would indicate its presence. From the history that had been read he considered it as reasonable to suppose that the patient died of puerperal fever, and the eruption as petechial, as to regard the case as an easily recognizable one of scarlatina.

An animated discussion then ensued on the nature and forms of puerperal fever, between Drs. Wickersham, Paoli, and Quine.

The President, Dr. Paoli, reported a case of poisoned wound, in which severe constitutional symptoms followed the bite of a species of tarantula, said to be abundant in the vicinity of the city. Soon after the wound was inflicted there appeared around it a dark erysipeloid rash; and on the following day

a similar rash appeared on the opposite and uninjured limb.

Dr. Bridge regarded the last mentioned occurrence as an example of reflex action. He did not intend to say that a specific morbid or remedial impression could be conveyed through the medium of the nervous system, but that a poison might so impress a sensitive part as to cause such a condition of the nervous center as would result in an influence being transmitted to another part as would lower its vitality or power of resistance.

Dr. Quine reported a case of multilocular ovarian tumor, and exhibited the specimen, which was removed post mortem. The patient, when she came under the doctor's care, was fifty-six years of age, and in an excellent condition of general health. She had ceased menstruating ten years before, and noticed at that time a small swelling or tumor in the right inguinal region. For over nine years the tumor did not cause any inconvenience, and did not seem to increase in size; but shortly after her arrival in this country from Norway, nine months ago, it began to enlarge rapidly, and when she presented herself for treatment the abdomen was so enormously distended as to embarrass very seriously the action of the heart and lungs. She was tapped at once, and over a gallon of limpid serum drawn off. Refusing to submit to the radical operation at this time, she was dismissed from care after her recovery from the tapping, with a prescription for iron and quinine. In a month, however, she presented herself again, and readily consented to an operation; but a few days before the time set for performing it she was injured by a fall from a chair, in consequence of which death from peritonitis ensued. The tumor weighed about twenty-two pounds. The pedicle was rather short and broad. There had been no adhesion.

WM. E. QUINE, *Secretary.*

SMALL-POX IN THE UTERUS.—Traces of variculous eruption have been discovered in fetal life at four months, which is the earliest period on record.—*Med. Rec.*

Gleanings from Our Exchanges.

OIL TURPENTINE IN HEMORRHAGE FROM THE BOWELS.

Dr. S. Wood, of Clyde, New York, in an article in the *Buffalo Medical and Surgical Journal*, August, 1872, advocates the use of oil of turpentine alone in large doses for the control of hemorrhage from the bowels, occurring as a complication of typhoid fever.

The following case is one among a number given in illustration:

Case 1.—In the evening of the second day of the month of September, 1852, I was requested to visit W—, a boy of sixteen years, with typhoid fever, some two and a half miles distant, and who had been under the care of another practitioner some two or more weeks. I was told that the case was one of great urgency, since an unfavorable prognosis had been given. On arriving at the bedside, I was informed that blood in large quantities was passing from his bowels at each frequent evacuation. Found patient exceedingly restless from pain and tympanic distension of the bowels. Skin dry and burning; pulse extremely rapid and thready; tongue dry, clean, and with dark papilla, with sordes on the teeth and lips. The prognosis indeed seemed most unfavorable.

In being called upon to prescribe in an emergency of this kind, there was an imperative demand for immediate and decisive action. What was to be done should be done quickly. Not a moment was to be lost. In running rapidly through my mind the various styptic remedies of the *materia medica*, suitable to the case before me, I happened to recollect an article first published in the *Medical Times*, August 17, 1850, from the pen of Dr. Wm. Budd, physician to the Bristol Infirmary, on the "styptic properties of oil of turpentine in a case of purpura hemorrhagica," and also another article in *Braithwaite's Retrospect* for January, 1851, by John Griffith, Esq., Wexham, on the use of turpentine in large doses, in uterine hemorrhage; and from the high praise given this remedy by these medical gentlemen, I at once resolved to give it a trial. Some was procured from a near neighbor, and, without delay, I administered a teaspoonful in some sugar and water, and in fifteen minutes as much more. After the expiration of an hour I gave half the quantity in the same manner, and then ordered that in two hours twenty drops

should be given, and so on every two hours until I should see the patient again the following morning.

Sept. 3.—Symptoms much improved; pulse slower and fuller; less heat of surface, with a tendency to perspiration; expression of countenance less anxious; and, from the character of the stools, was fully convinced that the turpentine had controlled the hemorrhage almost immediately after the first dose had been taken. For the next twenty-four hours I ordered the remedy to be given in twenty-drop doses every four hours.

Sept. 4.—Patient still improving; symptoms all better; no more hemorrhage; but the turpentine was so obnoxious that I reluctantly discontinued its further use until I should see him again, and substituted a tonic in its stead.

Sept. 5.—Hemorrhage had returned with symptoms of a very threatening character. I now prescribed the turpentine again, to be given in twenty-drop doses, as first, every two hours for three or four doses, depending upon symptoms, and then every four hours until I should see him next day.

Without extending the report of this case further, I will briefly state that I continued the remedy some three or four days. At the expiration of this time convalescence was fully established, and without further drawback went on rapidly to complete recovery, there being no more hemorrhage.

In conclusion the author says:

To enter fully upon the therapeutics of the oil of turpentine, or history of its introduction into the materia medica, is not the object I have in view at this time. It would be too much of a trespass upon your time and patience, my sole purpose being to throw what light I can upon, or call your attention more especially to, the management of hemorrhage of the bowels, when it occurs as a complication in the latter stage of typhoid fever. It will be noted that the doses given are much larger than recommended by our works on materia medica in passive hemorrhages from the bowels. How the remedy acts, whether as a stimulant or styptic to an ulcerated surface, you can judge as well as myself. I am well aware that oil of turpentine has been much used of late years in the ordinary dose in certain stages, or to combat certain symptoms of typhoid fever, but not in the hemorrhage occurring during their progress.

CASE OF EXCESSIVE HYPODERMIC USE OF MORPHIA.—Dr. Judson B. Andrews, Assistant Physician to the New York State Lunatic

Asylum, Utica (*Am. Jour. Insanity*, July, 1872), mentions the case of a woman, aged 30 years, who had passed into an acutely maniacal condition, and exhibited scars and ecchymosed spots, covering nearly the whole of the body, which could be reached by her own hand. When convalescent, she asserted that she had employed the hypodermic injections for three and one-half years, once, and much of the time twice a day, making in all about two thousand injections; that during the last few months of its continuance she had used a drachm and one-half of morphia per week; that she inserted the needle perpendicularly to the surface, and often carried it its full length into the tissues. About four months before death the patient, in rubbing her hand over the breast, discovered an elevated point, just under the skin, which on pressure gave a pricking sensation. This was cut down upon and a broken needle extracted. From this time from one to twelve needles were removed daily from various parts of the body; from the left breast, the abdominal parietes, the mons Veneris, the labia and vagina, the thighs, from the leg down to the ankle, from the buttocks, from about the anus, from the back as high up as between the shoulders. 286 needles were taken from her body during life; 11 were found in the tissues after death; 3 were passed from the rectum during sickness; making a total of 300 needles and pieces. Of this number 246 were whole, and 54 were parts of needles. As regards position in the body, they were distributed about as follows: In right breast, 150; left breast, 20; abdomen, 60; genitals, 20; thigh and legs, 30; back, 20.

It was supposed that they were introduced through the skin while she was under the influence of morphia, hypodermically administered, and while suffering from hysteria. That some were found in positions where they could not have been inserted by the patient, can be accounted for by their movements in the tissue, which were observed so often during the life of the patient. Her mother could throw no light on the subject, but recalled the circumstance that the patient purchased, at one time, ten papers of needles, and could account for only two of them. They were not obtained or introduced while in the asylum.—*Med. Rec.*

UNIVERSITY OF ZURICH.—The professors of this university are unanimously opposed to the admission of further female students, and they intend to apply to the federal government of Switzerland for a bill restricting the rights of studentship to males.—*Ibid.*

PHARYNGITIS AND RHINOSCOPY.—HARRISON M. D., Surgeon to Philadelphia Hospital (*Philadelphia Medical Times*, Aug. 1, 1872), says that in pharyngitis, dependent upon general naso-pharyngitis, no instrument can approach in efficacy the atomizer. The best form of this instrument with which he is familiar is that known as the Sass sprayer. The peculiarity of this instrument consists in the test-tube receiver, which is held in the left hand, and a pair of very long barrels, the points of which, when the receiver is near the mouth, are lodged within the axis of the pharynx; the whole being worked by a bulb and tubing held in the right hand. In specific ulceration of the naso-pharyngeal space, he has obtained good results from the use of a solution of sulphurous acid of one drachm to the ounce, sprayed upward through the naso-pharyngeal aperture; or the pure acid may be applied to the affected spot if the part thus operated upon lie below the palate. Where there is abundant mucus, as in lingering acute catarrh, a spray of strong alum water proves oftentimes efficacious. It is in this class of cases that insufflations of alum are of advantage. The best insufflator is a simple glass tube, bent at convenient angles, and furnished with a fenestra at about its middle; a light piece of India-rubber tubing attached to one end of the glass tube completes the instrument. The powder to be used is inserted in the glass tube through the fenestra, which is then covered by a sliding cylinder of rubber. The instrument now being inserted in the pharynx, with the orifice of the tube pointing upward, the opposite end of the instrument is held between the lips of the operator, who quickly blows the powder up into the naso-pharyngeal space.

In closing this "Clinical Lecture," he advocates the nasal douche as an adjunct to the treatment; more, however, as an aid in *washing* the parts than to medicate the region. Weak solutions of salt, or carbonate of soda, used *tepid*, will meet every indication. The washing need not be repeated oftener than once a day—say at the time of the morning toilet.—*Med. Rec.*

HYDROCHLORATE OF AMMONIA.—SPENCER THOMSON, M. D., Ashton, Torquay (*British Medical Journal*, July 13, 1872), finds the hydrochlorate of ammonia one of the most efficient remedies in cases of portal dropsy, prescribed in scruple or half-drachm doses, given tolerably diluted, every six or eight hours. The recent accounts of the success attending the employment of this remedy in hepatic affections in India, he hopes will lead to its more extensive use in England.

FOREIGN APPOINTMENTS AND CHANGES.—Dr. Ferhart, of Jena, has been appointed to fill the chair of Clinical Medicine in Wuerzburg, vacated by Bamberger, who has gone to Vienna; and Dr. O. Liebreich (discoverer of the action of chloral) has been appointed Ordinary Professor of Materia Medica in the University of Berlin. Dr. Brown-Sequard has resigned the Chair of Comparative and Experimental Pathology in connection with the Faculty of Medicine of Paris, and M. Vulpian has applied for the position. The College of Professors of the University of Vienna have determined on adding a third teacher of Clinical Midwifery to the two already existing, and have appointed to the new post Dr. Gustav Braun, Professor of Midwifery in the Joseph's Academy. Mr. Hancock, for many years Surgeon to Charing Cross Hospital, has been appointed to the Presidential Chair of the Royal College of Surgeons.

Dr. P. A. Simpson has been elected Professor of Medical Jurisprudence in the University of Glasgow.—*Med. Rec.*

APHONIA.—Meyer, of Berlin, reports the case of a young girl with a crowing cough, the sequel of whooping-cough, which lasted from two to three minutes, and was repeated every quarter or half hour. The paroxysms terminated in aphonia. The disease increased in spite of the most active treatment. After two years, electric medication was resorted to. Meyer stimulated the nerve of the larynx by placing one of the electrodes in the direction of the recurrent laryngeal nerve, on the internal edge of the sterno-cleido-mastoid, in the groove between it and the tracheal artery and œsophagus. The inferior electrode was placed on the transverse process of one of the cervical vertebrae, in order to be as near as possible to the origin of the vagus nerve. After sixteen sances the attacks had already intermissions of from two to three hours, and at the end of twenty other sances they ceased entirely, and with them the aphonia disappeared.—*Am. Jour. Obstetrics.*

GOOD EFFECTS OF ACONITE IN ACUTE PNEUMONIA.—Among other cases of interest which came under the observation of Dr. Murchison, in the male wards of St. Thomas' Hospital, London, was that of a boy aged fifteen, who was admitted with acute pleuro-pneumonia of the right side, and herpes labialis, and considerable increase of temperature. On the administration of eight minim doses of tincture of aconite, with liquor ammoniæ acetatis every four hours, the temperature at once came down, and the disease did not increase.—*British Medical Journal*, July 13, 1872.

CYANOSIS FROM NITRATE OF SILVER REMOVED BY IODIDE OF POTASSIUM.—Dr. L. P. Yandell, jr., Professor of Materia Medica and of Clinical Medicine in the University of Louisville, says, in the *American Practitioner*:

Most practitioners have met with cases of cyanosis produced by nitrate of silver; and such cases were more frequent many years ago, when nitrate of silver was more frequently employed for epilepsy than it is at the present time. According to most authorities the stain is permanent, and not amenable to treatment. Many remedies have been suggested, iodine, nitric acid, and acid nitrate of potash being the favorites; but I have found no cure recorded. As much as fifteen grains of nitrate of silver have been given thrice daily, in pillular form, without injury; but five grains in solution seems to be the largest dose capable of safe administration. It is the generally accepted opinion that the blue skin never supervenes when the remedy is given for a less period than three months. The discoloration first begins about the gums and fauces. It has been found in the coats of the intestines and eyes. It may appear several months after cessation of the use of the medicine; and exposure to the sun seems to predispose to its development.

The stain has been variously described as blackish, bluish, grayish, slate color, and bronze. The mineral is deposited in the deeper parts of the skin, and is most abundant where the skin is most vascular. A blister upon the skin produces a white vesicle, as in the normal cuticle.

The two cases which have suggested this report, are similar in many respects. Both were young merchants, and both had been treated unsuccessfully for epilepsy by nitrate of silver in their youth. Both contracted syphilis, and for tertiary symptoms got iodide of potassium. This drug was given in from ten to sixty grain doses, thrice daily, for a number of months, in connection with ferruginous or bitter tonics. One of the patients was forced to discontinue the iodide because of its disagreeable effect upon the system. The other took it until all traces of syphilis had passed away, and he increased in flesh under its use. In both cases the fading of the stains was gradual. In the first case there is a faint trace of discoloration remaining, though it is scarcely perceptible. In the second, which was much the darker of the two, there is not a shadow of the disfigurement. The iodide of potassium was not given in either case with reference to the cyanosis, and its beneficial effects were observed by me accidentally more than a year

after their occurrence. It may be well to state that both patients were treated by the moist mercurial vapor bath during much of the time that they were using the iodide of potassium, and the abundant diaphoresis may have assisted the action of the iodide. I would suggest, therefore, for the treatment of nitrate of silver cyanopathy, the use of the vapor bath in connection with the iodide of potassium.—*Canada Medical Record*.

AMMONIA IN SUSPENDED ANIMATION.—The value of the injection of ammonia, as recommended by Prof. Halford, in cases of snake-bite and suspended animation, has been again demonstrated. A lady in Melbourne recently swallowed by accident an ounce of Browne's chlorodyne, which is a mixture of chloroform, morphia, and prussic acid. When seen by her medical attendant, she was, as he imagined, on the point of death—cold, insensible to everything, and giving only occasional gasps as signs of breathing. Recollecting a former case, in which a young man who had taken chloroform was revived after death had apparently occurred, the doctor mixed half a drachm of the liq. ammon. fort. with one and a half of water, and within the space of one minute injected the whole into a vein of the arm. In a few minutes the pulse returned, the breathing became natural, and by twenty minutes the whole body had regained its natural warmth; but perfect consciousness did not return for some hours afterward. The patient made a rapid recovery. Two further instances have also been reported in which the timely use of the injection saved the victims of snake-bite from the death which threatened them.—*Melbourne Argus*.

GRAFTING WITH RABBIT SKIN.—There have been reported to the Paris Academy of Sciences three cases of ulcers in the human subject healed by grafting upon them cutaneous particles taken from the rabbit. M. Larrey was so pleased with the idea that he proposed entering the Report for a prize. Whether the new surface produced a growth of rabbit's fur, we are not informed. But why not? And if so, why not put the new practice to profit by substituting for the rabbit the Angora goat or some other variety which will produce a valuable wool? Baron Munchausen did something of this kind, if our memory serves us, with his horse. There are some thousands of vagabonds and convicts in California, who might be made valuable to the State, or at least who would pay for their keeping, if, by the aid of delicate surgery, they were set to raising wool.

INFLUENCE OF RHEUMATISM ON CHARACTER.—In a translation of Dr. Faure's article on this subject (*Archives Generales*, Sept. 14, 1871), by Dr. S. G. Webber, of Boston, Mass., in the *Journ. Psychological Medicine*, it is shown that rheumatism is manifested under such variable forms that one may inquire, on meeting anything unusual in a patient subject to its attacks, whether rheumatism may not be concerned therein. Why may it not attack the organs of the cerebral functions on which character depends, as well as the heart, etc.?

A man who is subject to rheumatism will very often state that he has moments of despondency without cause, of inquietude, of forlornness, inexplicable to himself. Then he is discouraged without cause, and sees every thing in the shade; that which ought scarcely to be the object of a slight care becomes the cause of a cruel torment. He is without force, his thoughts can be fixed on nothing, all intellectual work is impossible. If he wishes to solve a problem he soon experiences fatigue and heaviness of his head, which often turns into a violent headache. Then his sensations are altered, his affections cease, he is indifferent to everything. That which has the most right or power over his mind, remembrances which are most dear or most painful, have no interest for him. His character has changed. He is conscious of his condition, and can for a few minutes rouse himself out of it. A crisis may follow, his head is congested, he feels quite giddy. Finally all these symptoms disappear, and his mind recovers its tone and clearness. The attacks vary much with individual disposition.—*Med. Record*.

EPIDEMIC OF JAUNDICE.—An epidemic of icterus prevailed in Paris during the past winter. It is described by Dr. Decaisne, before the Academy of Medicine, as attacking persons in all conditions of life and health, without any assignable general or local cause. The *velum* of the palate exhibited the general yellowness. A strict diet, with the free use of cream of tartar lemonade, was sufficient in general to effect a cure. The physicians of the Academy appear to have regarded the epidemic as without a precedent. In the *Medical Press* for February, 1866, will be found a record made by the senior editor of this journal, of a similar epidemic which prevailed extensively in Vermont in the autumn of 1865, and which attacked nearly one-half the population of some towns. In that instance the mercurial treatment was found successful and necessary.—*Pacific Medical and Surgical Journal*.

THE WORK DONE BY A HUMAN HEART.—The total daily work done by the human heart is equivalent to 124,208 tons lifted one foot. The daily labor of a workman, deduced from long-continued observations of various kinds of labor, is found to be equal to 3,540 tons lifted through one foot during the ten hours. This is less than three times the work done by a single heart, beating day and night for twenty-four hours. In a boat race, it is calculated that 15 foot-pounds of work are performed by each ounce of muscle during each minute of the rowing. No muscular labor that man can undertake is more severe than this; and yet this labor is only three-fourths of that which is exerted day and night during life by each of our hearts. If the heart should expend its entire force in lifting its own weight vertically, it could raise that weight 19,754 feet in an hour. An active pedestrian can climb from Zermatt to the top of Monte Rosa, 9,000 feet, in an hour; or he can lift his own body at the rate of 1,000 feet an hour, which is only one-twentieth part the energy of the heart. The heart's energy equals one-third of the total daily force of the muscles of a strong man. It exceeds by one-third the labor of the muscles in a boat race, estimated by equal weights of muscle; and it is twenty times the force of all the muscles used in climbing, and eight times the force of the most powerful engine of the same size yet invented by man.—*Boston Journal of Chemistry*.

MEANS OF ARRESTING EPISTAXIS.—Dr. Martin, of Geneva (*Journal de Med. et de Chir. Prat.*), says that, as the blood in general in epistaxis comes only from one nostril, and most frequently from the anterior third of one of the nasal fosse, he compresses the facial artery of the side upon the upper jaw, very near the nose, and thus diminishes the effusion of blood into the nasal cavity, which almost always arrests the epistaxis. He has had the pleasure of stopping very obstinate bleedings from the nostrils in the streets, on steamboats, and in coaches, or in the theater in this way. In the schools of his Canton some professors have recourse to it with the boys, and have found it to answer well. He adds that in two cases this plan ceased; but in three cases plugging of the nostrils also failed. Patients were drunkards.

NEW YORK PHYSICIANS.—According to the New York *Medical Register* for 1872, there are in New York city, Brooklyn, and vicinity, 1,748 practising physicians in good standing, a gain of 195 over the year 1871.—*Med. Rec.*

CURE OF STRANGULATED HERNIA BY ASPIRATION.—M. Demarquay communicates to *Le Mouvement Medical* a case of successful reduction of, and recovery from, strangulated congenital inguinal hernia by means of aspiration. A young man, 31 years of age, after fatigue during the 5th of May, while on a visit at Vermillion, was suddenly seized with colic, attended by frequent vomiting; a tumor of considerable size at the same time had formed in the left groin. On the following day these symptoms continuing, he was taken to the surgical *servir* of the *Maison de Sante*, where the *interne*, having unsuccessfully employed the taxis, applied a bladder filled with ice, and waited for the morrow. On the morning of the 7th the patient was seen by M. Demarquay. He was then feverish and thirsty; the tumor voluminous, and it was seen that its precise nature was that of strangulated congenital hernia, of which M. Demarquay states he had never previously successfully treated a case by operation. The employment of the taxis having failed, the patient was put under the influence of an anæsthetic, and again the same measure taken with no better result. It was then determined to employ aspiration. A fine trocar was inserted at the center of the tumor, and by means of the aspirator of M. Potain 120 grammes of fluid were extracted from the intestine, without counting the gas. The tumor instantly collapsed; the trocar was removed; an interval of a few minutes allowed to elapse before further interference took place. No swelling took place, nor was there indication that further escape of gas or liquid from the intestine was going on; the taxis was again very gently applied, pressure was made very gently above and below the tumor, and the intestine felt to glide back into the cavity of the abdomen. The patient was subsequently treated by perfect quiet, with low diet, opium in small doses being given, and, beyond the occurrence of some degree of inflammation in the testicles from the pressure and handling it had undergone, no accident took place.—*The Doctor*.

AMERICAN MEDICAL ASSOCIATION.—The Triennial List of Permanent Members will be published this year. Permanent members who have not paid their assessment will please notice:

"Any permanent member who shall fail to pay his annual dues for *three successive years*, unless absent from the country, shall be dropped from the roll of permanent members."

WM. B. ATKINSON,
Permanent Secretary.

THE CENSUS.—NOT ENOUGH GIRLS TO GO ROUND.—It is reported that the complete census returns of the United States for 1870 give us these startling statistics of our population:

Men and boys	19,493,665
Women and girls	19,064,806

Surplus of men and boys 428,859

A surplus of 428,859 men and boys is something really startling, when it is considered that Adam and Eve, one man and one woman, is the law of the creation. But as in the chapter of accidents there are more fatalities among boys than girls, and more widows than widowers, and more old maids than old bachelors, our surplus of men and boys is in the infantile and not in the adult population. "So time at last makes all things even."—*Medical Record*.

EXAMINATION OF MIDWIVES.—In order to repress some of the dangerous abuses caused by want of examination, and consequently of education among "monthly nurses," the Obstetrical Society of London has resolved to form a jury from its members, and to deliver certificates to those women who, on examination, shall show themselves to be capable of executing certain obstetrical manipulations, and who shall show that they have had sufficient elementary instruction.—*Ibid*.

OPIUM EATING.—The Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that, on affidavit of two respectable citizens, any person who, through excessive use of opium, arsenic, hashish, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum, and placed under guardianship, as in the case of habitual drunkards or lunatics.—*Ibid*.

COTTON SEED OIL.—There are at present upwards of twenty mills in this country exclusively operated in the manufacture of oil from cotton seed; and over 150,000 tons of seed are used annually. The oil cake is sent largely to England, where it is used as food for cattle. The oil goes mostly to Bordeaux, Barcelona, and other olive-growing sections of Europe, from whence, after "doctoring," it comes back as "pure olive oil."—*Ibid*.

LEGALIZED DISSECTIONS.—Michigan and Iowa have recently legalized dissections, and made provision for it by permitting physicians, medical societies, and colleges to claim for this purpose the bodies of criminals and paupers unclaimed by friends.

PRESCRIPTIONS FOR PRESCRIBERS.

The following note, preceding a table of maximum doses, is taken from the *Pharmacopœa Helvetica*, 1872:

"Doses maximæ medicaminum heroicorum, quas dispensando transgredi non licet nisi medicus id expresse postulaverit numerum exprimendo verbis linea subnotatis, et signo (!) distinctis."

None but the initiated can form an adequate idea of the anxiety and vexation in the dispensing of medicines, which arise from causes apparently trivial, though in reality of serious nature. We may mention among these, indistinctness in the writing of the prescription, due to the use of the lead pencil; illegibility from careless chirography; the omission of directions for the use of the medicine, etc. The most grievous annoyance to the apothecary, however, is the general neglect, on the part of physicians, of the rule suggested in the above quotation; that is, the prescribing of heroic doses of powerful agents—doses which, under ordinary circumstances, could be given only with dangerous, if not fatal, results—with nothing to assure the dispenser that an error has not been committed. Now, mistakes in prescriptions have occurred, and will again occur, despite the care of the physician; and to shield the patient from the results of such possible errors is within the province of the apothecary. What, then, is his duty, upon receiving a prescription which contains either a palpable error or an extraordinary, anomalous dose? It is clear enough, and, to his credit be it said, it is generally put in practice. He must consult the physician before dispensing the prescription. Making, therefore, a plausible excuse for delay, and arranging, if possible, to send the medicine when "finished," he dispatches his trusted apprentice *sub rosa* (out the back door) with instructions to find the doctor and make the proper inquiries.

Since most of the errors of which we complain are the fruits of the hurry of a large business, it generally happens that the apothecary's Mercury does not immediately stumble upon the object of his search. So it often occurs that the impatient patient sits on the stool of expectancy hour after hour, awaiting the results of the prolonged labor of that "young man" who is "working at his prescription."

Now, the returning of a prescription to a doctor is naturally disagreeable to him. It bears with it at least a suspicion of error on his part. If there be no error, the doctor too often, without due appreciation of the cau-

tion of the apothecary, manifests by word or manner a disposition to resent the calling in question of his accuracy. If, on the contrary, the physician finds that he has made an error, he seldom takes occasion to thank the apothecary for his scrutiny or consideration. For the most part he acknowledges the mistake and makes the correction with a complacent smile, calculated to exculpate himself by a show of belittling the error, albeit this may have been as fatal to his patient as was the thrust of Tybalt to Mercutio.

To avoid these very unpleasant embarrassments and misunderstandings, prejudicial to the doctor, apothecary, and the patient, we urge the adoption by all physicians of the rule given in the *Pharmacopœa Helvetica*, to wit: that in prescribing unusual doses of poisonous medicines, the physician should, in addition to the common signs, *indicate the quantity by writing it out in full, underscoring the words, and adding the sign (!)*. Thus:

R. Morphine Sulphatis, gr. x. *ten grains (!)*
Divide into 6 (six) powders.

An observance of this rule by physicians is obligatory in several European states, and a similar requirement in our country would be of great advantage.

We cannot leave this subject without another suggestion upon the art of prescription writing, namely, the importance of attaching directions for the use of medicines. It is a wise precaution against mistake and misuse, and has manifold advantages. An example may serve in illustration. We lately saw a prescription for powders, each of which contained thirty grains of digitalis, with no directions as to their use. A very proper degree of caution on the part of the dispenser caused him to make inquiry of the prescriber, only to learn that the powders were to be made into a lotion for external application.

Another and more forcible instance we have in the following case, which occurred in our experience. A prescription calling for *sul. morphia*, gr. x, was presented. No directions to indicate its use accompanied it. Suspecting something wrong, the dispenser questioned the patient, and learned that he was suffering from *ague*, and had been told to take "half the powder to night, and half to-morrow morning." Of course *quinae sulp.* was substituted, and the patient departed none the wiser of his near approach to death. Had this prescription appeared at a less particular establishment, the result might have been different; whereas, had the directions been given, they would have served as a safeguard against mistake in any store.

In conclusion, we will repeat the suggestions of the foregoing remarks:

First. Physicians should make an invariable practice of indicating heroic doses by repeating the quantity desired in written characters, underscoring the same, and attaching the sign (!).

Second. When ordering powerful medicines as local applications, they should so far indicate their use as to remove suspicion of error from the mind of the dispenser.—*Pharmacist.*

VIENNA OBSTETRICAL HOSPITAL.—In the three different departments of this hospital there are annually from 8,000 to 9,000 deliveries. In Prof. Braun's clinic, during 7½ years, from 1863 to 1871, among 34,851 births, 363 died of puerperal peritonitis, including all cases operated upon, *i. e.*, 1.04 per cent., or 10 of every 1,000 deliveries; and 111 died of accidental diseases, *i. e.*, 3.4 per cent., or 44 in every 1,000. It follows that 63.9 less in every 1,000 die now than in former years.—*Med. Rec.*

DEATH FROM ETHER.—A death has occurred at Bellevue Hospital, the result of the inhalation of ether.—*Ibid.*

Book Reviews.

Clinical Lectures on the Diseases of Women, by Sir James Y. Simpson, Bart., M. D., etc. Edited by Alexander R. Simpson, M. D. D. Appleton & Co., New York.

This is a volume of 780 pages, made up of a series of Clinical Lectures, most of which were published in the *Medical Times and Gazette*, during the years 1859–1861. Ten out of the fifty lectures, however, drawn up from the editor's own notes and those of Dr. Black, with the aid of the author's lecture notes, are now published for the first time. The lectures being clinical are not arranged in any systematic order, but a copious table of contents, and a full index are introduced to facilitate reference. The following is a list of topics treated in the various lectures: Diagnosis of the Diseases of Women—Vesico Vaginal Fistula—Pelvic Cellulitis—Pelvic Peritonitis—Peri-Uterine or Pelvic Hematocoele or Hematoma—Cancer of the Uterus—Carcinoma of the Uterus and Mamma—Coccygodynia and Diseases and Deformities of

the Coccyx—Dysmenorrhœa—Closures and Contractions of the Vagina—Caruncles of the Urethra—Neuromata of the Vulva—Hyperæsthesia and Neuralgia of the Vulva; Abscess of the Labia Pudendi, and the Various Forms of Vulvitis—Surgical Fever; Its Etiology and Semiology; Its Treatment—Phlegmasia Dolens—Spurious Pregnancy or Pseudocyesis—Its Prognosis, Pathology, and Treatment—Ovarian Dropsy; Symptoms, Diagnosis, and Treatment—Its Surgical Treatment—Injection of Iodine—Ovariectomy—Cranioclast—Dropsy and Other Diseases of the Fallopian Tubes—Puerperal Mania—Puerperal Hypochondriasis, Sub-Involution of the Uterus after Delivery—Amenorrhœa—Rupture of Perineum—Fibroid Tumors of the Uterus; Their Differential Diagnosis, Prognosis and Treatment—Polypi of the Uterus—Leucorrhœa—Chronic Metritis—Prolapsus Uteri—Retroversion of Uterus. The work is illustrated by about 150 cuts, representing the various operations and morbid conditions described in the text.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-Third Annual Session, held at Franklyn, Pa., June, 1872, Vol. IX, Part 1.

This is a volume of 250 pages, and contains a large number of valuable reports and essays.

Proceedings of the American Association for the Advancement of Science—Twentieth Meeting—Held at Indianapolis, Indiana, August, 1871. Published by Joseph Lovering, Cambridge, 1872.

A volume containing many reports and contributions of interest and importance to the scientist.

New Treatment of Venereal Diseases and of Ulcerative Syphilitic Affections by Iodoform. Translated from the French of Dr. A. A. Izard, by Howard F. Damon, M. D. Boston: James Campbell, Publisher. Price fifty cents.

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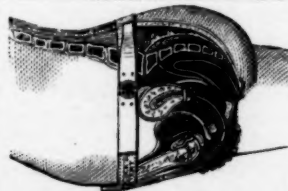
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